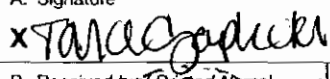


04 CR 30007-MAP

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Tara Czaplicki</p> <p>C. Date of Delivery MAR 22 2007</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ann Marie Czaplicki 59 Allen St East Longmeadow MA 01028</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) 7006 0100 0003 8040 2557</p>	

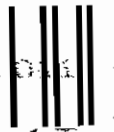
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

UNITED STATES POSTAL SERVICE

SPRINGFIELD, MA 01103


First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-40

22 MAR 2007 PM 4:1

• Sender: Please print your name, address, and ZIP+4 in this box •

U.S. District Court
1550 Main St 5th Fl
Spfld MA 01103

3:04 CR 30007-MAP

